



## KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Steven L. Beshear  
Governor

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Charles K. Lykins  
Administrator

### OWNER / MANAGER CHANGE APPLICATION

Attention: Please submit a cashiers check or money order as a form of payment with this application.

**KBHC USE ONLY:** NEW SALON #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

**PRINT THE INFORMATION REQUIRED & WRITE DISTINCTLY IN THE FOLLOWING SPACES.  
ALL SECTIONS MUST BE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED.**

PLEASE CHECK LICENSE TYPE: ☐ Beauty Salon \$ 35.00 ☐ Nail Salon \$35.00 ☐ Esthetic Salon \$125.00  
Have you made any plumbing changes, added or removed shampoo bowls or sinks? Yes: \_\_\_\_\_ No: \_\_\_\_\_

<b><u>NEW SALON INFORMATION:</u></b>		Business: <input type="checkbox"/>	Residential: <input type="checkbox"/>
Salon Name: _____ (No more than 30 characters)		County: _____	
Physical Address: _____ (City) (State) (Zip Code)			
Mailing Address: _____ (City) (State) (Zip Code)			
Business Phone Number: (____) _____		Tax ID or S.S. # _____	
Owner: _____		Signature: _____ Date: _____	
Pursuant to KRS 164.772(3), Are you, as owner, in default on any repayment obligation under any financial assistance program with the Kentucky Higher Education Assistance Authority (KHEAA)? Yes _____ No _____			
Manager: _____		Signature: _____	
Cosmetologist, Nail Tech., or Esthetic License #: _____		Date _____	
<i>The manager must be a current &amp; Active licensee (Cosmetologist, Nail Tech, or Esth.) in the state of Kentucky.</i>			

Current/Previous Salon Name: \_\_\_\_\_

Address: \_\_\_\_\_ (CITY) (STATE) County: \_\_\_\_\_

Current/Previous Owner: \_\_\_\_\_ Previous Manager: \_\_\_\_\_

Current/Previous Salon License #: \_\_\_\_\_ Date Out of Business: \_\_\_\_\_

Revised: 03/2010

